



Atty Docket No. T2315-907789

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Appeal No. : 2004-1008
Appellant : Raymond J. Bergeron, Jr.
Serial No. : 10/091,591
Filed : March 07, 2002
For : Method and Composition for the Treatment
of Diarrhea and Gastrointestinal Spasms
Art Unit : 1614
Examiner : Rebecca Cook

RESPONSE

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

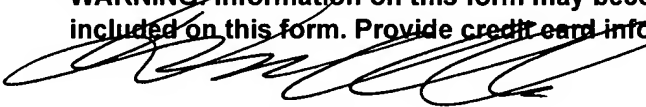
Sir:

In response to the official letter dated September 22, 2004, please reconsider the above-captioned application in light of the following amendments and remarks.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

AF/1614
JFW

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. T2315-907789	
Applicant(s): Raymond J. Bergeron, Jr.					
Application No. 10/091,591	Filing Date March 7, 2002	Examiner Rebecca Cook	Customer No. 000181	Group Art Unit 1614	Confirmation No. 9684
Invention: Method and Composition for the Treatment of Diarrhea and Gastrointestinal Spasms					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	6 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$44.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ Signature			Dated: October 14, 2004		
Dennis P. Clarke, Reg. No. 22,549 Miles & Stockbridge P.C. 1751 Pinnacle Drive Suite 500 McLean, VA 22102-3833 Tel: (703) 903-9000 Fax: (703) 610-8686			<div style="border: 1px solid black; padding: 5px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> _____ Signature of Person Mailing Correspondence </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> _____ Typed or Printed Name of Person Mailing Correspondence </div>		
CC:					